

**Fire Fighter I**  
**Local Verification**  
**NFPA 1001, 2002 edition: Objectives 4-3, 5-5.1, 5-5.2**

Candidate's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Objective 4-3**

The candidate must have completed the emergency medical care performance capabilities listed below to meet the objectives of NFPA 1001, 2002 edition. These requirements must be developed and validated at the local level. Documentation of the requirements contained below is subject to verification by Emergency Services Training.

The candidate identified above has met minimum emergency medical care requirements, including CPR, Infection Control, Bleeding Control, and Shock Management.

**Objective 5-5.1**

Perform a fire safety survey in a private dwelling, given survey forms and procedures, so that fire and life safety hazards are identified, recommendations for their correction are made to the occupant, and unresolved issues are referred to the proper authority. It is recommended that the Fire Fighter I candidate conduct this survey in their own residence.

**Objective 5-5.2**

Present fire safety information to station visitors or small groups, given prepared materials, so that all information is presented, the information is accurate, and questions are answered or referred to another resource. The requirements of this objective could be conducted at your own department, using fire safety information or handouts, provided by the department. All information presented must be accurate and all questions should be answered and/or referred to a source that can answer them.

**Affirmation**

*I have reviewed the candidate's file and certify that the candidate identified above has met the medical requirements, has conducted the fire safety survey of their own dwelling and has, under supervision, presented fire safety information to station visitors or to a small group. All information listed above can be documented by local department records.*

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_